STATE OF MARYLAND—	CERTIFICATE OF DEATH 10459
1. PLACE OF DEATH	<u> </u>
County . Maup	Registration Dist. No. 282
Village or City Chaptico ma	ND. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
I A I A	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Allphen H downow	
(a) Residence: No. Haplico	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
male Calus O OR DIVORCED (write the word)	OCT 15 193 4
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND OF Corre Porver	22. I HEREBY CERTIFY, That I attended deceased from
0 1000	1953, to Oct 1939
6. DATE OF BIRTH (month, day, and year) Jan 2 -1 8 5	I last saw have alive on Oct 1937; death is said
7. AGE Years Months Deys If LESS than 1 day,hrs.	to have occurred on the date stated above, at
// / / / / ormin.	The PRINCFPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	A company of the comp
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased last worked et this occupation (month and	authoma produce 174;
work wes done, as SILK MILL, SAW MILL, BANK, etc.	ma caracycles
10. Dete deceased last worked et this occupation (month end spent in this	
year) occupation	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) Many Lund	Other Courses of Importance:
(State or country)	Chaus myocardiles ?
13. NAME Stephen J. Gromen	
14. BIRTHPLACE (city or town) many land	Name of operation 4 planatum Date of 1932
(State of country)	What test condemed diegnosis? Wes there an autopsy?
16. BIRTHPLACE (city or town) Many Land	23. If death was due to externel causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) May Lend	Accident, suicide, or homicide? Dete of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Charles VO owner	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	
Place of Joseph . Date 10/27 1934	Manner of injury
Vela ell of	Nature of injury
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupetion of deceased?
Wal De but I the helegans W	If so, specify (Signed) Clauseus (M. D.
20. FILED VIII - A. Registrar.	(Address) Charles M.D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.



Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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11	Example II	
S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

FOR

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state

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
NOV 9 16-4			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FI	URTHER	STATEMENTS	BY	PHYSICIAN
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	CERTIFICATE OF DEATH 10461
1. PLACE OF DEATH	
County Of Mays	Registration Dist. No. 284
Village or City Duai Clauve	No. St. Mary Haspo, St. Ward
Length of residence in city or town where death occurredyrsmos	death occurred in a horpital or institution, give its NAME instead of street and number) As. How long in U.S. U of foreign birth?
2. FULL NAME Welliam Ce. Callins	
(a) Residence: No. Chaptus Md. (Usual place of abode)	St.,Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
mall Calaud OR DIVORCED (write the word)	(Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, end year) (ung, 7- 1921	I last sew h 100 elive on Color 1957; deeth is seld
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, et //: 15 fl m.
13 2 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importence were as follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and	
9. Industry or business in which work was done, es SILK MILL,	Trule endoranditio Vil 1935
SAW MILL, BANK, etc.	The state of the s
	V
year) occupetion	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) flag land (State or country)	
13. NAME Church Callins	Cute Thomaster Flace 1 120 24
14. BIRTHPLACE (city or town) Mary Cand	Tool Hilliam 12.20
4. BIRTHPLACE (city or town) // Www.camu (Stele or country)	Neme of operation Dete of
	What test confirmed diegnosis? Wes there an eulopsy?
15. MAIDEN NAME CAMES Meal 16. BIRTHPLACE (city or town) Macy Can &	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of Injury, 19
(Stete of County)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Off Collers	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece 8	Nature of Injury.
19. UNDERTAKER Cly Villela	24. Wes disease or Injury In any way releted to occupation of deceased?
(Address) (haptigo ma	If so, specify
20. FILED Del 13, 19/3 4 Len Jouhannie	(Signed) Maple M. D. (Address) Maple M. D.
If more blanks are needed, address State Registrar, :	1411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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		Every	CIANS
		RECORD.	. PHYSICIANS
	BINDING	THIS IS A PERMANENT RECORD.	I be stated EXACTLY.
	FOR	IS A]	stated
	ED	HIS	l be

JPA.	STATE OF MARYLAND—	CERTIFICATE OF DEATH 10463
	1. PLACE OF DEATH	210-000
0000	County St Wans	Registration Dist. No. 483
	Village or City Chapture	N
t of		death occurred in a hospital or institution, give its NAME instead of street and number)
Statement	Length of residence in city or town where daath occurredyrsmos.	ds. How long in U.S. if of foralgn birth?yrsmosds.
	2. FULL NAME Denjamin Countrs	
	(a) Residence: No. Clyoptico md	St., Ward,
	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Det 27 193 4
	5a, If married, widowed, or divorced	(Month) (Dey) (Yaer)
	HUSBAND of marcha Countis	22. I HEREBY CERTIFY, Thet I ettended deceased from
	6. DATE OF BIRTH (month, day, end yeer) Dort hnow.	I last saw h m eliva on Oct 28 193 death is said
THE REAL PROPERTY.	7. AGE Years Months Days If LESS than	to heve occurred on the dete stated above, at 2,30 R.m.
	47 .? 63 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance
		were es follows:
l	8. Trede, profassion, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	traction & Shire
	9. Industry or business In which	Quality 10/27/2
	work was dona, es SILK MILL, Tarning SAW MILL, BANK, etc	1/13
	O 10. Dete deceased lest worked et this occupetion (manth and 9 3) 11. Totel time (yeers) spent this occupetion occupetion 30	
	your) Occupetion	Other Coutributory Causes of importance:
	12. BIRTHPLACE (city or town)	Q-AA
	(State or sountry) ma.	Shock-
	14. BIRTHPLACE (city ortown) manyland	
	14. BIRTHPLACE (city or own) Mary land	Neme of operation Date of
	(State of country)	What test confirmed diagnosis? Wes there en autopsy?
	15. MAIDEN NAME Julea Darsey	23. If death was dua to external ceuses (VIOL ENCE) fill in elso the following:
	16. BIRTHPLACE (city town) Transler	Accident, suicide, or homicide accident Date of July 10/27 1934
	∑ (Stata or country)	Whara did injury occur Chapters and
	17. INFORMANT Cdirard Cintis	(Specify loity or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
	(Address) Wash. De.	
֡	18. BURIAL, CREMATION, OR REMOVAL,	Manner of injury Hist and run accedent.
	Place 57 Joannas Date (0/30 1934	Natura of injury
	19. UNDERTAKER a.C. Weld	24. Wes disaese or injury In eny way raletad to occupetion of deceased?
	(Addipass), Chaptigon	If so, specify
	War sa But Not below 1800	(Signed) Clarous Welch

Registrar. If more blank are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Reguesting U. S. No. 1.

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Gallstones	May 1,1923	Gastroenteritis	1 year

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JK BI	A PER	ted E	perly c
J. F.	IIS IS	be sta	be pro
おとなった	VK-TI	plnous	it may
大田公	ING ID	AGE	o that
MAKGIN KESEKVED FOR BINDING	UNFAD	supplied.	terms, s
	WITH	efully s	in plair
	LAINLY,	uld be car	DEATH
10.1	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT	mation should be carefully supplied. AGE should be stated EXACTL?	CAUSE OF DEATH in plain terms, so that it may be properly classified.
4 . D. 140. I	N. B	1	-

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

	CERTIFICATE OF DEATH 10464
1. PLACE OF DEATH County St Warres	Registration Dist. No. 287
Village or City Claraton	
(II	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where daath occurredyrs,mos	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Thomas Columnal Cul	lison
(a) Residence; No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of	
(or) WIFE of	1, HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) July 26 34	I lest saw bear alive on 2 1924 death is said
7. AGE Yaars Months Deys If LESS than	to have occurred on the data stated above, at 12.30 Am.
0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and calated causes of Importance
8. Trada, profassion, or particular	were as follows:
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date decayed lest worked at this occupation (month and this program is a small a this program is	Aut = 16/1/21 : 20 fin 16/1/21
9. Industry or business in which work was done as SILK MILL	tory - 2 my they discore
work was done, as SILK MILL, SAW MILL, BANK, atc	T D
O 10. Date deceased lest worked at this occupation (month and year)	
12. BtRTHPLACE (city or town)	Other Contributory Causes of Importanca:
(State or country)	Descrives of lasting ten days, one morth
13. NAME Paul & Cullism	point to death center
14. BIRTHPLACE (city or town) Ridge	Nama of operation Date of
(State of Country)	Whet test confirmed diagnosis? Was thara an autopsy?
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If daath was due to extarnal causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town) Riles	Accident, suicide, or homicide? Dete of injury, 19
E (State or country)	Where did injury occur?
17. INFORMANT Paul & Calling (Address)	(Specify city or town, county and State) Specify whather injury occurred in tNDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place of Jemes Come Long Data Ct 13, 1934	Nature of injury
P. 18 C. 00.	24. Was disease or injury in any way ralated to occupation of dacaesed? No.
19. UNDERTAKER Val Cultilary (Addiass) Clarers In A	If so, specify
man Act 12 . 24 Ala. M.C.	(Signed) M. D.
20. FILED (2011) 3 , 1984 (2012) Registrar.	(Address) great mills, hid.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

WRITE PLAINLY, WITH UNFADING INK-

PLACE OF DEATH	STATE OF MARYLAND
County St- marys	CERTIFICATE OF DEATH
	Registration Dist. No. 284
Village or City Helen (No.	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Oct. 13 (Month) / 3 (Day) / 374 (Year)
See-, 3 , 1868 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Oct. 11 1934. to Cef 13, 1934, that I last saw h alive on Oct 13, 1984,
7 AGE IIILESS than	and that death occurred on the date stated above, at
I day brs.	The CAUSE OF DEATH * was as follows:
66 yrs. 1 mos. 10 ds. or min.?	Q
(a) Trade, profession or Farmer	Cerebral Heerenhage
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs. mos L. d. ds.
9 BIRTHPLACE (State or country)	Contributory Secondary
1 10 NAME OF	(Duration) yrsds,
FATHER OF STATE	(Signed) M. D.
0 11 BIRTHPLACE	Del 13 190 + (Address) Aslacle Ital
Z (State or country) Md,	*State the Disease Causing Death, et, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mare St Clace	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER MOTHER	At place In the of death yrs mos ds. State yrs mos ds.
(State of country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was dissase contracted, if not at place of dea.h?
14 THE ABOVE IS TRUTTO THE BEST OF MY KNOWLEDGE	Former or usual residence
(Informant) John Tayh and Curry	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Helin Md	5t Joseph Center Och16, 1934
15 Filed Oct 15 1984 Levin Sottom	a C. Wileh. Chaption
If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs. For persons who have no occupation state occupation at beginning of illness. If retired from taborer. Farm laborer. Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner. (b) Colton mill; (a) Salesman. (b) Gracery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. additional line is provided for the latter statement; it sary to know cases, especially in industrial employments, it is neces-Civil angineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. business. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home and children, not gainfully emdefinite salary, may be entered as Housewife, Househousehold only not paid Housekeepers who receive a worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocetc., report specifically the occupations of persons en-For many occupations a that fact may be indicated thus; Farmer (rewithout more precise specification as Day the kind of work and also (b) the single word or term on As examples: (a)

Strtement of Cause of Death—Name, first, the DIS-EALE CAUSING DEATH the primary affection with respect to time and causations, using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Lividheria avoid use of "Croup"); Typhoid fever rever report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." taken. FOR VIOLENT DEATHS State NEANS OF INJULY diseases resalting from childbirth or miscarriago as "PUERPERAL septicaemia," "PUERPERAL peritonilis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Sewile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is loss definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomapproved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of tho injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-(secondary Chronic interstitial nephritis, American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; or intercurrent) affection need not be Chronic Example: Measles (disease valvular heart disease; etc. The contributory Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the cartificate is permanently filed.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. Z 524

St.:	Ward)	(If death	occurred i
		tion, give it	

10450

2FULL NAME John Thomas a	St: Ward) a hospital or institution, give its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mole 6 of SINGLE, MARRIED, WIDOWED OR DIVORCED Marke	16 DATE OF DEATH Och Zo , 1934 (Month) (Day) (Year)
6 DATE OF BIRTH Sur Lacor (Month) (Dy) (Year)	that I last saw handled on and 267, 1922
7 AGE If LESS than day hrs. de. or min.?	
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	6 house Val Hrosh Ossens
9 BIRTHPLACE (State or country) 54 May Co Mid- 10 NAME OF FATHER Donk Parent	(Signed) (Address)
OF FATHER Z (State or country)	*State the Disease Causing Death, er, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds. Where was disease contracted,
(Informant), In . Green	if not at place of death?
(Address) Bed but. Filed Oci 21 1923 4 Frank Registrar	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Solu lord Church Ch ZZ, 1934 20 UNDERTAKER ADDRESS C. C. WELCH Chopk a

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

PERMANENT

-THIS

VITH UNFADING INK-

WRITE PLAINLY

BINDIN

FOR

MARGIN RESERVED

should be carefully supplied. ACE should be E OF DEATH in plain terms so that it may be is very important. See instructions on back

of Information sould state CAUSE

CIANS should statement of C

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it tired 6 yrs. state occupation at heginning of illness. If retired from Spinner. should be used only when needed. As examples: (0) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as Al school, or At home. Care should be taken definite salary, may be entered as Housewife, Househousehold only not raid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. work, Physician, Foreman, (b) Aniomobile factory. The material or At Home, and children, not gainfully em-For many occupations a Farm laborer (b) Cotton mill; without more precise specification as Day Compositor, Architect. For persons who have no occupation If the occupation has been changed Laborer-(a) Salesman. -Coul mine, etc. Womsingle word or term on Locomotive engineer, (b) Grocery;

Streeme t of Cause of Death—Name, first, the DIS-EA. I CAUSE DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same diselse. Examples: Cerebrospinal feer (the only definite synonym is "Epidemic cerebros; inal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumenia, Bronchopneumonia ("Pneumonia,")

> Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, tetanus) may be stated under the head of "contributory." approved by Committee on Nomenclature accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was underdiseases restling from childbirth or miscarriage "PUERPERAL septicaemia," "PUERPERAL perilonitis;" can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is loss definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Chronic valeular heart disease; Example: Measles (disease etc. The contributory Measles;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARY	AND-CERTIFICA	TE OF DEATH
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1045	0

1. PLACE OF DEATH	(160-4)
County St. Marya	Registration Dist. No. 28
Village or City new Ricewille	No. St., Ward
	(If death occurred in a horpital or institution, give its NAME instead of street and number) 108ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME To Hame Pent	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dev) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended decessed from
6. DATE OF BIRTH (month, dey, end year) Oct. +3,1934. 7. AGE Yeers Months Days If LESS then 1 day,hi ormin.	I lest saw h elive on Dece 1 , 19.2 1; death is said to have occurred on line dete steled above, at 2 4 m.
8. Trade, profession, or parlicular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked et this occupation (month and year) 12. BIRTHPLACE (city or town). (State or country) 13. NAME 14. BIRTHPLACE (city or town). (Stete or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place. Dete Cal. 16. 1935	Other Contributory Causes of importence: Present Additional Contributory Causes of importence: Present Additional Contributory Causes of importence: Neme of operation What test confirmed diagnosis? Was there an autopsy? 23. If death wes due to externel ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Menner of injury Nature of injury
19. UNDERTAKER Samel. H Decal (Address) Records 2nd 20. FILED/0/15 1934 Outstelling Registrar.	24. Was disease or injury In any way related to occupetion of deceased? If so, specify (Signed) Xo. L. Chap below (Address) Lughe welle M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
			- 300

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

9	U	18	17	0
1	U	4	1	0

1. PLACE OF DEATH	(23)
County St Marys	Registration Dist. No. 287
Village or City. Acta	No. St Ward
(if	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?mosds,
2. FULL NAME Marie Darsey	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Consider State Sta	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin. 8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month add year) 11. Total time (years) spent in this occupation.	22. HEREBY CERTIFY. That I attended deceased from 1934, to 7, 1934 I lest saw have elive on 9, 1934, to 1934; deeth is said to have occurred on the date steted above, at 1934. The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: Date of onset Other Contributory Causes of importance:
(State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Date of injury, 19
18. BURIAL, CREMATION, OR RENOVAL Place of Patrice Comments Place of Patr	Menner of injury
19. UNDERTAKER & L. Rotting the (Address)	24. Was disease or injury in any wey releted to occupation of deceased? If so, specify (Signed)
20. FILED. 7, 19. 4 Registrar. If more blanks are needed, address State Registrar,	(Signed) M. D. (Address) Freet Mild M. D. 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIA
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See instructions on back of certificate.

TION is very important.

-WRITE PLAINLY,

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item of infor-

of OCCUPA.

Exact statement

1. PLACE OF DEATH	107~77
County NP/Masys	Registration Dist. No. 2877
Village or City (Learsons	No. St. Ward
Length of residence in city or town where death occurred	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
A/	as a same
2. FULL NAME & COMMY	
(a) Residence: No. A Hollyone flact (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLDR OR RACE 5. SINGLE, MARRIED, WIDDWED, OR DIVORCED (write the word)	21. DATE OF DEATH October 16 193 4
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of Single	22. 1 HEREBY CERTIFY That I attended deceased from
and I not Ali	1957 to Copy 1957 1957
6. DATE OF BIRTH (month, day, and year) May day know Myear 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
1/ 4 about 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows: A Charled with indirect Date of opent
kind of work done, as SPINNER, School gist.	Of time Braming of her Che for
No of the second	Tenk 1045 mot sational
SAW MILL, BANK, etc	apute Bronchi Preumonae of
this occupation (month and spent in this Jehan occupation occupation occupation	Soth lungs.
Person	Dther Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
1 Out	
13. NAME Thom askilliam Lycon 14. BIRTHPLACE (city or town) Reassang	Name of operation
(State or country) What	What test confirmed diagnosis? Physical Scores as there an autopsyllat
15. MAIDEN NAME Lucy Ollen Barney.	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Lucy Ollen Darney. 16. BIRTHPLACE (city or town) Drillong.	Accident, suicide, or homicide? Date of injury 19
(State or country) Maryland.	Where did injury occur?
17. INFORMANT Thomas Gilson Lyson (Address) Gearsons Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL	Manner of injury
Place IT JUCANO W. Murch Date VI 11 ,1937	Nature of injury
19. UNDERTAKER Thomas Harris.	24. Was disease or injury in any way related to occupation of deceased? MO
(Address) Hermanaville	If so, specify
20. FILED Oct 17, 1934 Py By By	(Signed) Droym, G. C. O.M. D.
docal Registrar.	(Address) deonardom Ma.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FO	RFURTHER	STATEMENTS	BY	PHYSICIAN

S. No. 1

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M	tem of	JUC J
	ADING INK—THIS IS A PERMANENT RECORD, Every item of	ea. Mate should be stated to a fact that it may be properly classified. Exact statement of OCC
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INI	RM	clas
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rh	43	2 0

STATE OF MARYLAND—CERTIFICATE OF DEATH infor-state UPA-1. PLACE OF DEAT Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? Length of residence in city or to PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR BACE 21. DATE OF DEATH (Year) 5a. If married, widowed, or divorced HUSBAND of RTIFY. That I attended deseased from certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE If LESS than Months Days to have occurred on the date stated above. 50840 .5 I day, ____hrs. 0 or___min. Date of enset 8-Trede, profession, or particular kind of work done, as SPINNER, OCCUPATION SAWYER, BOOKKEEPER, etc., back 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased lest worked at no 11. Total time (years) spent in this 3 this occupation (month and instructions 12. BIRTHPLACE (city or town (State or country) FATHER suppli See 14. BIRTHPLACE (city or town) plain (State or country) should be carefully What test confirmed diagnosis? Was there an autopsy? MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?. (Specify city or town, county and State)
in INDUSTRY, in HOME, or in PUBLIC PLACE. very OF Manner of Injur WRITE CAUSE mation Nature of injury. NOIL 24. Was disease or injury (Address) If so, specify (Signed) 20. FILED_/_Q Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonias,	3 days ago
		OCT 20 1994	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		b)	

ż

STATE OF MARYLAND-	-CERTIFICATE OF DEATH	471
1. PLACE OF DEATH	1672	100
County At Mary	Registration Dist. No. 287	
Village or City Park Hall	No.	Ward
Length of residence in city or town where death occurred	Off death occurred in a horpital or institution, give its NAME instead of street and numles. 4. How long in U.S. If of foreign birth?	ber)
2. FULL NAME Ein In Gooddan of	mosyrsyrsyrs	ds
(a) Residence: No.		
(Usual place of abode)	St., Ward. If nonresident give city or town and Stat	le
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) 19.	34
5n. If married, widowed, or divorced HUSBANO of		(1641)
(or) WIFE of	22. HEREBY CERTIFY That I attended dece	ased from
6. DATE OF BIRTH (month, day, and year) Aug. 19.19.74	Madagash 1 20 2 11 24	eath is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7. A.m.	,40, 13 3014
29 1 day,hrs	were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER.	Oa	ate of one at
SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. SAW MILL, BANK, etc. SAW	Browsho preumonia 10	1/34
work was done, as SILK MILL, SAW MILL, BANK, etc		
O 10Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Park Well (State or country)	Other Contributory Causes of Importance:	
W 13. NAME Class and and	- Reus	11/14
14. BIRTHPLACE (city or town)	Name of operation	
(State of Country)	What test confirmed diagnosis? Was there an autop	ev?
15. MAIDEN NAME was he wheathey	23. If deeth was due to external causes (VIOLENCE) fill in also the following:	3,
15. MAIOEN NAME Los M Loheattey 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	Where did injury occur?	
17. INFORMANT (Address) Park Halle Mid	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury	
Place of January Oate Def 5, 1934	Nature of injury	
19. UNDERTAKER Efrage Goddard	24. Was disease or injury in any way related to occupation of deceased? No	
(Address) Fack full, and	If so, specify	
20. FILEO Oct 5: 1934 0 13 gam his	(Signed)	M. D.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	ND—CERTIFICATE OF DEATH
County of Macy	23
Village or City Braville ma	Registration Dist. No. St., War
Length of residence in city or town where death occurred 20 yrs.	(If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Estell Golde	n g/
(a) Residence: No. aroyulo ma	St., Ward.
(Usual place of abode PERSONAL AND STATISTICAL PARTICULA	If nonresident give city or town and State RS MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WORDLYORCED (write MARRIED)	DOWED. 21. DATE OF DEATH OCT 5
e. If married, widowad, or divorced HUSBANB of	(Month) (Oay) (Year)
(or) WIFE of Mases Galdring	22. I HEREBY CERTIFY, Thet I attended deceased from
DATE OF BIRTH (month, day, end yeer) Dant know -	1902 I last saw h ev eliva on July 1934 death is sei
AGE Years 9 Months Oays If 1 day	to heve occurred on the date steted above, at
9 Trade profession or particular	Oate of onse
kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes dona, es SILK MILL, SAW MILL, BANK, etc. 10. Data decaesad last worked at his occupation (work) and	1,0
9. Industry or business in which work wes dona, es SILK MILL, Causeunfe SAW MILL, BANK, etc	Jumonary Surerculosis;
10. Data decaesad last worked at this occupation (month and year)	30
2. BIRTHPLACE (city or town) many land (Stata or country)	Other Contributary Causes of importence:
13. NAME Chraham Ley -	
13. NAME (Chraham Ley 14. BIRTHPLACE (city or town) Mary Jane (State or country)	Name of operation Oeta of What tast confirmed diegnosis? Was thare en eutopsy?
15. MAIDEN NAME Maggie Millardo	23. If deeth was due to externel causes (VIOL ENCE) fill in elso the following:
15. MAIOEN NAME Maggie Mellardo 16. BIRTHPLACE (city or town) may lare (Stete or country)	Accident, suicide, or homicide?
7. INFORMANT Mases Golding of (Address) Charulle and	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL PIECE STORY OSEP OF OSEP OF THE OSEP OSEP OSEP OSEP OSEP OSEP OSEP OSE	Manner of Injury
9. UNDERTAKER Clony 1. arfae (Address) Mech, Oand.	24. Wes diseesa or injury in any wey raletad to occupation of deceased? NO
0. FILEO (N. 7 , 1934 A 10 MMAN -	(Signed) Clayoup (Welch M.) Cegistrar. (Address) Agolico M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUDGAL! Y. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY. properly classified.

AGE should be

supplied.

mation should be carefully

certificate.

jo

See instructions on back

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

18. BURIAL, CREMATION OR REMOVAL

19. UNOERTAKER

(Address)

m.

	v.
STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92:00
County At march	Registration Dist. No. 282
Village or City Lewardtown	No. St. Ward
(If	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town whera death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Joseph Squations to	ongh
(a) Residence: No. Feature Months (Usual place of abode)	Ward. If nonresideot give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) The first the word)	21. DATE OF DEATH (Month) (Day) (Jean)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(OL) WHE A alpesta & Hayden	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) and 19 - 1864	I last saw h from allve on Of 197, 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
70 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	mitral onsufficiently 4011/33
9. Industry or business in which	
work was dona, as SILK MILL, SAW MILL, BANK, etc	
70. Pata deceased last worked at this occupation (month and spent in this occupation (month and occupation)	
4-	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Entle Castella 1910
E 13. NAME Joseph T Gongh	
13. NAME 14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Eilegabeth Koach	23. If death was dua to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Data of injury19
(State or country) of many or ma	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Merrill Louch.	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Lean Allowall	

Registrar.

(Signed)

(Address)

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Example II	
of death and related causes as follows:	Date of onset
	1 week ago
	1 week ago
	3 days ago
causes of importance:	1 year

IAN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

(Address)

(Yaar)

Date of onset

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

2. FULL NAME. (a) Residence: No. (b) Columbiate of shocks PERSONAL AND STATISTICAL PARTICULARS S. H. Merried, videowed, or diversed sinus of the shocks PERSONAL AND STATISTICAL PARTICULARS 3. SEZ 4. COLOR OR RACE S. SINCLE, MARIED, World (B) Days 11 LESS then 10 Sey. ADIE OF BIRTH (month, day, and year) Modify 8. Trades, sortession, or particular 9. S. Ward 11. Total time (years) SANYER, BOOKKEPER, etc. 9. SOKKEPER, etc. 9. SOK	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or Cify Detailed Advanced (III death occurred in a hospital or institution, give its NAME instead of street and numbers) Longth of residence in city or town where death occurred in a hospital or institution, give its NAME instead of street and numbers) 2. FULL NAME Quality Description of the street	1. PLACE OF DEATH	(19)
Comparison of the control of the c	County Mr. Mary	Registration Dist. No. 282
Comparison of the control of the c	Village or City Opre Al Alace	No. St. Ward
2. FULL NAME (a) Residence: No. Selb Control (Usual place of shooks) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCLE, MARRIED, WIDOWED (write the word) 5a. If merried, widowed, or divorced (or) Wife of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Myoris 1. Day 1. ItESS then or country) 8. Trade, profession, or particular sind of work done, as SPINKER, sind of work done, as SPINKER, some or word or with the standard of the country of the standard	(II	death occurred in a horpital or institution, give its NAME instead of street and number)
(a) Residence: No. Although and State PERSONAL AND STATISTICAL PARTICULARS J. SEE 4. COLOR OR RACE 5. SINGLE, MARKED, WIDOWED, OR DIVORCED (write the word) 5. If married, widowed, or divorced (crown) (Month) (Month) (Month) (Month) 5. DATE OF RIRTH (month, day, and year) MR 6. DATE OF RIRTH (month, day, and year) MR 7. AGE 7. AGE 8. Tride, profession, or particular wind of work done, as SPINNER, SAWER, BOURKEPER, etc. 9. If LESS then 1 or year as follows: 10. Date of one as SPINNER, SAWER, BOURKEPER, etc. 11. Total time (year) Spannin (his occupetion. 12. BIRTHPLACE (city or business in which was year) (State or country) 13. ANAME 14. BARK CHARLES (City or town) MA 15. SAME CALCULAR (City or town) MR 16. SIRTHPLACE (city or town) MR 16. SIRTHPLACE (city or town) MR 17. INFORMANT (August) Date Office of injury (Scorier of injury) (Scorier of country) 18. SIRTHPLACE (City or town) MR 19. SIRTHPLACE (City or town) MR 10. SIRTHPLACE (City or town) MR 11. INFORMANT (August) Date Office occupation (in injury) (Scorier occupation) (Scorier occupation	Length of residence in city or town where death occurredyrsmos.	ds. How long In U.S. if of foreign birth?wrsmosds.
PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE 5. SINCLE, MARRIED, WIDOWED, OR DIVORCED (*write the word) 7. AGE 1. If merried, widowed, or divorced HUSBAND 1. AGE 1. DATE OF BIRTH (month, day, and year) 2. DATE OF BIRTH	2. FULL NAME Offels Norma, Su	alls
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of COT WIFE of STATE OF BERTH (Month), day, and year) 5b. DATE OF BIRTH (month, day, and year) 7c. AGE Vears Markes Days If LESS then 1 day		
21. DATE OF DEATH A. COLOR OR RACE S. SINCLE, MARRIED, WIDOWED, OR DIVORCED (which the word) Sa. If merried, widowed, or divorced (cor) wife of cory wife of c		
Sa. If merried, widowed, or divorced HUSBAND of Corp. Wife of of Corp. Wif		
5. At E merried, widowed, or divorced HUSEAND TO THE O' O(r) WIFE of O		21. DATE OF DEATH (Oct. / 102 4
HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Myssins Days I LESS then 1 day,		(Month) (Day) (Year)
1 Itest saw 1. 30 19 % 19 % 19 % 19 % 19 % 19 % 19 % 19	HUSBAND of	22. A MEREBY CERTLEY. That t attended deceased from
7. AGE Years Methods Days If LESS them I dey	(OF) WIFE OF	Ocol 30 134 10 Cot. 1 19-4
7. AGE Years Methods Days If LESS them I dey	6. DATE OF BIRTH (month, day, and yeer) Suce 9 19 34	I lest saw he alive on Olff, 30 , 19 34; death is said
8. Trade, profession, or particular sind of work dome, as SPINNER, SAWYER, EDOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BAKK, etc. 10. Date deceased last worked at this occupation month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME Delect State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Legenty State or country 18. BURIAL, CREMAJION, OR REMOVAL (Address) 19. UNDERTAKER (Address) 19. (Address)	7. AGE Years Months Days If LESS then	to have occurred on the dete steted above, at 6 4m.
8. Trade, profession, or particular and of several depairs SPHNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which sawying the deceased last worked et spent in this occupation (month end spent in this occupation (month end spent in this occupation (month end spent in this occupation) 12. BIRTHPLACE (city or town) 13. NAME ALLE ALLE (city or town) 14. BIRTHPLACE (city or town) 15. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT ALLE (City or town) 18. BURLAL (SEMATION) 19. Where did injury occur? 19. UNDERTAKER ALLE ALLE ALLE ALLE ALLE ALLE ALLE AL		were as follows:
Other Contributory Causes of importance: 12. BIRTHPLACE (city or town)	8 Trade profession or particular	Uate of oneat
Other Contributory Causes of importance: 12. BIRTHPLACE (city or town)	SAWYER, BOOKKEEPER, etc.	
Other Contributory Causes of importance: 12. BIRTHPLACE (city or town)	9. Industry or business in which work was done, as SILK MILL.	Occele Wellis- Caletro
Other Contributory Causes of importance: 12. BIRTHPLACE (city or town)	SAW MILL, BANK, etc.	
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. The Contributary Causes of importence: Other Costributary Causes of importence: Name of operation Other Costributary Causes of importence: Other Costributary Causes Name of operation Other Costributary Causes Nate of operation Other C		
(State or country) 13. NAME Death Grades 14. BIRTHPLACE (city or town)	On - 4	Other Centributary Causes of importence:
13. NAME Clerk Country 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Clark Country 18. BURIAL CREMATION OR REMOVAL Place Country 19. UNDERTAKER Clark Country 20. FILED Ch. 1, 1924 Clark Country 21. Ame of operation Name of operation What test confirmed diagnosis? Wes there an autopsy? 22. If death was due to externel causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Dete of injury Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Menner of injury Nature of injury 19. UNDERTAKER Clark Country 24. Wes disease or injury in any way related to occupation of deceased? 26. FILED Ch. 1, 1924 Clark Country 27. (Signed) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Specify whether injury occurred in injury Nature of injury (Signed) (Signed) (Address) (Address) (Signed) (Address) (Address) (Address)		
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17. INFORMANT Albert County and State) 18. BURIAL, CREMATION, OR REMOVAL Place County and State) 19. UNDERTAKER Albert Places (Address) 19. UNDERTAKER Albert Places (Address) 20. FILED 4. 1, 1934 Caucally Registrar. Where ald injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Menner of injury Nature of injury 19. UNDERTAKER Albert Places (Address) 16 so, specify (Signed) (Signed) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address)	(State of country)	
17. INFORMANT Albert County and State) 18. BURIAL, CREMATION, OR REMOVAL Place County and State) 19. UNDERTAKER Albert Places (Address) 19. UNDERTAKER Albert Places (Address) 20. FILED 4. 1, 1934 Caucally Registrar. Where ald injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Menner of injury Nature of injury 19. UNDERTAKER Albert Places (Address) 16 so, specify (Signed) (Signed) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address)	E 15. MAIDEN NAME	23. If death was due to externel causes (VIOLENCE) fill in also the following:
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18. BURIAL, CREMATION, OR REMOVAL. Place P. Doubles Date Oct. 2 19 Menner of injury. 19. UNDERTAKER Office Process Secretary (Address) Resistrar. 24. Wes discess an injury in any way related to occupation of deceased? (Signed) Affiliation, M.D. Registrar. (Address) Affiliation, M.D.	(State or country)	(Specify city or town, county and State)
18. BURIAL, CREMATION OR REMOVAL. Place 1. Date Oct. 2 19 Menner of injury Nature of injury Nature of injury 19. UNDERTAKER Affect Proces (Address) Peocean Strain 24. Wes disease or injury in any way related to occupation of deceased? 16 so, specify (Signed) Affect Occupation of Menner of injury (Address) Company in any way related to occupation of deceased? (Address) M.D. Registrar.	$\Delta / / \Delta \sim$	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
Place Ph. Colon Peres, Date Cet. 2 19. 19. UNDERTAKER Affect Process 24. Wes disease or injury in any way related to occupation of deceased? Deceased of the colon of the col		
19. UNDERTAKER Affect Proces (Address) Veoral Proces 24. Wes disease a injury in any way related to occupation of deceased? De (Signed) Affect College of M. D. (Address) Registrar. (Address) Affect College of M. D. (Address) Affect College of M. D.	01 010,0000 186 2 31	
(Address) Reoreal Poron If so, specify Onceally M. D. 20. FILED 9. 1, 1934 Carealla (Signed) Adjusted M. D. Registrar. (Address) Carealla Advisory M. D.	all beauty	
20. FILED CA. 1 , 1934 Caucalia (Signed) J. A. A. S. C. C. C. M. D. Registrar. (Address) Scale La Caucalian M. D.	A 4.	
20. FILED 7: 195 4 Registrar. (Address) Dollar frathery Mile	(Address) (Veorial Storm)	1 1.11 ((1011000000
		I de la
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	Zikampies.
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH state 1. PLACE OF DEATH 1000 plnods County Registration Dist. No. Village or City (If death occurred in a horpital or institution, give its NAME instead of street and number) O Length of residence in city or town where death occurred statement How long in U.S. If of foreign birth?_____yrs.____mos._ PHYSICIAN RECORD. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Month) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 田 certificate, 6. DATE OF BIRTH (month, day, end year) properly 7. AGE Davs If LESS than to have occurred on the date stated above at stated 1 day, ____ hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. 8. Trede, profession, or particular OCCUPATION kind of work done, as SPINNS SAWYER, BOOKKEEPER, etc. may back 9. Industry or business in which AGE should work wes done, es SILK MILL, SAW MILL, BANK, etc. on 10. Date deceased last worked at 11. Total time (years) this occupation (month and that spent in this occupetion ___ instructions Other Contributory Causes of Importance 12. BIRTHPLACE (city or town) (State or country) supplied. terms, FATHER See 14. BIRTHPLACE (city or town) in plain should be carefully (State or country) What test confirmed diagnosis?. ----- Was there an autopsy? MOTHER important. 15. MAIDEN NAME 23. If death wes due to external causes (VIOLENCE) fill in also the following: OF DEATH 16. BIRTHPLACE (city or town) Accident, suicide, or homicide?______ Date of injury_____, 19_____, (State or country) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. 17 INFORMANT very (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE mation TION Nature of injury 19. UNDERTAKER 24. Was disease or injury in any way related to occupation of deceased? (Address) If so, specify (Signed)

Date of onset

Market Street				,	
f more bl	anks are needed,	, address State	Registrar, 2411 N. Charles Stre	eet, Baltimore, Requesting V. S. 1	Vo. z.

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- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1 week ago 1921 Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

M	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
SINDING	ERMANENT REC	EXACTLY. P.	classified. Exact	e,
MARGIN RESERVED FOR BINDING	THIS IS A P	ould be stated	may be properly	back of certificat
ARGIN RESE	JNFADING INK	pplied. AGE sh	terms, so that it	instructions on
₩ ₩	AINLY, WITH I	d be carefully su	DEATH in plain t	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. B.—WRITE PL	mation shoul	CAUSE OF	TION is very

SIAIL C)F MAR	YLAND-	CERTIFICATE OF [DEATH 1	14.
14 101		1 -1 -2 -1	(109)		
County of Marin	0		Regis	tration Dist. No. 3. 87	
Village or City Lackey	·		NoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNo	St.,	Ward
Length of rasidence in city or town where d	feath occurred	yrs. 5 mos		Irth?yrsmo:	sds.
2. FULL NAME Thomas	B. E.	Lucia	6		
(a) Residence: No.		- Lange	St., Ward.		
(4) 11001001. 1101	(Usual place	of abode)		aresident give city or town and S	State
PERSONAL AND STATIST	CAL PARTI	CULARS	MEDICAL CERTIFI	CATE OF DEATH	
Male White		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	+ 25	1934
5a. If married, widowed, or divorced	9		(Month)	(Day)	(Year)
HUSBAND of (or) WIFE of			22. A I HEREBY CER	TIFY, That I attended d	eceased from
2			Get 22, 1934	to C 25	, 1934.
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	nil slegt	934	I last saw harman alive on		; death is said
7. AGE Years Months	Days 9	If LESS than I day,hrs.	to have occurred on the date stated ebove, at		
	1 21	ormin.	The PRINCIPAL CAUSE OF DEATH and relat were es follows:	led causes of importance	Date of onset
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	none				
9 Industry or business in which			the municipality	<u> </u>	10/22/34
work was done, as SILK MILL, SAW MILL, BANK, etc					
1D. Date deceased last worked at this occupation (month and year)	II. Total ti	me (years) It in this pation			
1/10	1		Other Cantributory Canses of Importance:		
12. BIRTHPLACE (city or town) / State or country)	New Solver		Britis to 1		1
13. NAME John & Le	meh		Suus pasta		10/18/35
13. NAME 14. BIRTHPLACE (city or town)	- Cu		Name of acception		
(State or country)	7		Name of operation		
15. MAIDEN NAME PARE HE	and		What test confirmed diagnosis?23. If death was due to external causes (VIDLE		topsy?
15. MAIDEN NAME	in Cen		Accident, suicide, or homicide?		10
(State or country)	7		Where did injury occur?	Date of injuly	, 19
17. INFDRMANT (Address)	ynch		(Specify Specify whether Injury occurred in INDUSTRY	city or town, county and State) Y, in HDME, or In PUBLIC PLAC	DE.
18. BURIAL, CREMATION, DR REMOVAL			Manner of Injury		
Place of frozen Conston	J. Date . Coc	X 26,1934	Nature of Injury		
19. UNDERTAKER Lon & Music (Address) Reproduction	- gly		24. Was disease or injury in any way related to	4	17
20. FILED. Bet 25, 1934	ppsie	Registrar.	(Signed) (Address) Aug h	ills . Mrd.	►M. D.
If more b	lanks are needed. at	dress State Registrar	2411 N Charles Street Baltimore Barrett 91	C M.	

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KUREAU V. S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
			I		

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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

	PLACE OF DEATH			
	County A May	17	Registration I	Dist. No. 282
	Village or City hear telen	asalona	No. County Glows	housest War
-11-0	Length of residence in city or town where death of		f death occurred in a hospital or insultation, give its NAME sds. How long in U.S. If of foreign birth?	
	6.4	· he	duda	
2.	FULL NAME Welfands	2 Marma	Le send Ward.	
	(a) Residence: No.	(Usual place of abode)		give city or town and State
	PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3. SE		INGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH	1.97
	male Hopila	K DIVORCED (The cite word)	(Month)	(Day) (Year)
5a. If	married, widowed, or divorcad HUSBAND of			
	(or) WIFE of		22. I HEREBY CERTIF	Y. That I attended daceased f
e DA	ATE OF BIRTH (month, day, and year)	1	I last saw hear aliva on Add TO	19.7 death is
7. AG		Days If LESS than	to have occurred on the data stated above, at	O.m.
	48	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related cause were as follows:	the state of the s
1-	8. Trade, profession, or particular	.0.	were as follows.	Date of or
TION	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	m defores	- Insmoment /s	besculvsky
UPA	9. Industry or business in which work was dona, as SILK MILL,			
UI	SAW MILL, BANK, etc	11, Total time (years)	-	
0	this occupation (month and year)	spent In this occupation		
	1		Other Contributory Causes of Importance:	
12. B	SIRTHPLACE (city or town) (State or country)	VV 10	-	
HER	13. NAME	nezv		
표,	14. BIRTHPLACE (city or town)		Nama of operation	Data of
FAT	(State or country)	rom	What test confirmed diagnosis?	
HER 1	15. MAIDEN NAME	nev	23. If death was dua to external causas (VIOLENCE) fil	
	16. BIRTHPLACE (city or town)	4.	Accident, suicide, or homicide?	Date of injury, 19
Σ	(State or country)	nown	Where did injury occur?	10.
17. IN	NFORMANT Meline	Food >	Specify whether Injury occurred in INDUSTRY, In HO	town, county and State) ME, or in PUBLIC PLACE.
	(Address)	usselforos		
18. B	CURIAL, CREMATION OR REMOVAL	MITTEN OU	Manner of Injury	
	Place Later Colonia State Da	ite	Nature of Injury	(). A
19. U	INDERTAKER Quanto mas	Um lato	24. Was diseasa or injury in any way related to occupa	ation of deceased?
-	(Address)	elter tong	If so, specify	
			(Signed)	

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF PEATH	46
County St. Mays	Registration Dist. No. 282
Village or City Teonal dlown	No. St. Ward
Length of residence in city or town where deeth occurred 20 yrs. mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Degrard Eugene Matting	y
(a) Residence: No. Leonardtewn mo	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Market Mark	21. DATE OF DEATH OCT 17
5a. If merried, widowed, or divorced HUSBAND of	(Month) (Day) (Yeer)
(or) WIFE of Cliffies May Wattingly	1 HEREBY CERTIFY, That I ettended deceesed from
6. DATE OF BIRTH (month, dey, end yeer) and 1.5 - 1882	Hest saw h AM alive on Oct 17 1034 doubt is said
7. AGE Years Months Deys If LESS then	to have occurred on the dete stated ebove, et 9.101 m.
62 2 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or posting	were es follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	111 001 0
No street, profession, or pertuction of the kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this peculation (month and this peculation).	allinoma I samuel
SAW MILL, BANK, etc	
this occupation (month and year) 11. Total fime (years) spent in this 40 occupation.	
12. BIRTHPLACE (city or town) Mary land	Other Contributory Causes of importance:
(State or country)	motastalia Carcinoma Bar 9
13. NAME ames Wordlan mattingly	mediane carcinova, cinc
13. NAME ames Wordly Mattingly 14. BIRTHPLACE (city or town) Mary land (State or country)	Name of operation US, Dete of
	What test confirmed diegnosis? Was there an eulopsy?
15. MAIDEN NAME (un Um la Mailingly 16. BIRTHPLACE (city or town) Main (and)	23. If deeth was due to externel ceuses (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) May Carell (State ox country)	Accident, suicide, or homicide? Date of Injury
(State of County)	Where dld injury occur? (Specify city or town, county and State)
17. INFORMANT MALLALAN (Address) Legan diam m	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place Description Dete Oct 22, 1931	Nature of Injury
19. UNDERTAKER William C. Waltingly	24. Wes discess or injury in eny way related to occupation of deceased?
(Address) Leonardlown ma	If so, specify
20. FILED 10/2+ , 1934 Clause	(Signed) M.D.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ii ii	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

m

lover,

1. PLACE O	F DEATH			CERTIFICATE OF DEATH Registration Dist. No.	104
Village or C	ity Mechanicy	ille	(li	Registration Dist. No. No. death occurred in a horpital or institution, give its NAME instead of s How long In U.S. If of foralgn birth? yrs.	_St.,reet and number)
(a) Residen	ice: No.	(Usual plac	e of abode)	St., Ward. If nonresident give city or	town and State
PERSON	IAL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DE	
male	4. COLOR OR RACE		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH Oct. 5 (Month) (Day)	, 193 ⁴
5a. If merried, widow HUSBAND of (or) WIFE of	(month, day, and year) Ju	ly 20 10	34	22. I HEREBY CERTIFY. That I Sept. 26 ,1934 ,to Oct.	attanded decease
7. AGE Yea		Days 15	If LESS than 1 day,hrs. ormin.	to have occurred on the date stetad above, at 11.50Am. The PRINCIPAL CAUSE OF DEATH and related causes of importa	
kind of w SAWYER, 9. Industry or work was SAW MIL 10. Data decess this occup	ssion, or particular vork done, as SPINNER, BOOKKEEPER, etc. business in which s done, es SILK MILL, L, BANK, etc. ad last worked at pation (month and	11. Totel	tima (yaars) ent in this cupation	Othar Coatributory Causes of Importance:	Date o

(Yaar)

Date of onset

That I attanded deceased from

Date of Injury______ 19____

-	ALY ATH	State or country)	Accident, suicide, or homicida? Date of Injury Where did Injury occur?
	AIN Id b DE	17. INFORMANT Laura Miles	(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC
	PI nou JF ver	(Address) Nechanicsville, Md. 18. BURIAL, CREMATION, OR REMOVAL	
(7)	TE u si	PlacaSt. Josephs-Cemeterogle Oct. 6, 1934.	Menner of injury
0	tion US ON	1924-	Neture of injury
=	CA	19. UNDERTAKER E. R. Jarbor	24. Was disease or injury in any way related to occupation of deceased?_

Mechanicsville, Md

St. Mary's Co.

12. BIRTHPLACE (city or town) St. Hary's Co. Md.

Daniel Cooper

15. MAIDEN NAMEAlice Elizabeth Miles

20. FILED Oct. 5. 1934 J. L. Sothoron

14. BIRTHPLACE (city or town) - Sta- Hery ts-Coa, - Md-6 (Stete or country)

(State or country)

13, NAME

FATHER

THER

Premature birth

city or town, county and State) , In HOME, or in PUBLIC PLACE.

Whet test confirmed diagnosis?_____ Was there an autopsy?______

23. If death was due to externel causes (VIOLENCE) fill in also tha following:

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I	10	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	
Guttotorico	Muy 1,1925	Gusti ventei tus	1 year

1.		0.00	4.1		
See buth	Certificate	filed 1	under /	niles	7-20-34

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

	STATE	OF	MARYLAND—CERTIFICATE	OF	DEATH
1. PLACE OF			120		
County	It Marya			Do	rictration Dist. Bl

1. PLACE OF DEATH		(120)		
County St Marys			Registration Dist. No. 287	7
Village or City Fresh Miles Length of residence In city or town where death occurred	yrs & mo	NO	on, give its NAME instead of street and	Ward
2. FULL NAME Unn Hilde	e hom	2		
(a) Residence: No.	place of abode)	St., Ward.		10
PERSONAL AND STATISTICAL PA		MEDICAL CE	If nonresident give city or town an RTIFICATE OF DEATH	d State
SEX 4. COLOR OR RACE S. SINGLE, OR DISC	MARRIED, WIDOWED, ORCED (write the word)	21. DATE OF DEATH	Oct 31 (Month) (Day)	, 1934 (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT (Address) 17. INFORMANT (Address)	7, 19 29 If LESS than 1 day,hrs. ormin. Potal time (years) spent in this occupation LCo Co Co Co Co Co Co Co Co C	23. If death was due to external cause Accident, suicide, or homicide? Where did injury occur?	CERTIFY That I attended 1934, to 1934 above, at 1130 Pm. I and related causes of importance	Date of onset
18. BURIAL, CREMATION, OR REMOVAL PIECE PROPERTY Date	hor 2,1934	Manner of injury Nature of Injury		
19. UNDERTAKER LAM C Mattingte (Address) Limen ton	ing	24. Was disease or injury in any way If so, specify	related to occupation of deceased?	ko
20. FILED Nov 1 , 1934 PASE	n De Registrar.	(Signed)	+ mille, md	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i i	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEC 15 15.50			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

		F MAR	YLAND-	CERTIFICATE OF DEATH	1 1045
1. PLACE OF DEAT	CHO			(213-6)	Mark I
County Y	ma	`**		Registration Dist.	No. 1 282
Village or City	weig.	House		No death occurred in a hospital or institution, give its NAME inste	St.,W
Length of residence in cit	y or town where o	leath occurred	yrsmo:	ds. How long in U.S. if of foreign birth?	ad of street and number)
2. FULL NAME (a) Residence: No.	How 316	e d Vin	0' he	St. Ward. Nor felh	Ja.
PERSONAL AN	DSTATIST	(Usual place			ity or town and State
	OR RACE		RIED, WIDOWED.	MEDICAL CERTIFICATE OF	DEATH
M. U	het		D (gwrite the word)	21. DATE OF DEATH	3 (Day) , 193 (Year)
 If married, widowed, or divor HUSBAND of 	ced				
(or) WIFE of	- 5			22. I HEREBY CERTIFY, T	het I attended deceased for
		9		19, to	, 19
6. DATE OF BIRTH (month, day 7. AGE Years	Months	Days	I It LESS than		, 19; death is s
307,0	montus .	Days	1 day,hrs.	to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related causes of i	
8. Trade, protession, or pa	rticular	T à	, or	were as follows:	Date of on
kind of work done, a SAWYER, BOOKKEER	S SPINNER, ER, etc	Lando	5	Dannen: fit	: 1 1
kind of work done, as SAWYER, BOOKKEEP 9. Industry or business in work was done, as SAW MILL, BANK, et al. 10. Date deceased last work was done in this occuration (money).	which			od a do	- 10 /c
SAW MILL, BANK, e	c			Parida tal	
10. Date deceased last work this occupation (mon year)	th and 10 /10	spei	ime (years) nt in this upation		
	4	/	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) _ (State or country)				(r) A	
				Feleum 1 times	^ ·
13. NAME 14. BIRTHPLACE (city or town)	2			····	
14. BIRTHPLACE (city or tow	/n)		W	Neme of operation home	Dete of
(State or country)			N	What test confirmed diagnosis?	Was there an eutopsy?
15. MAIDEN NAME	0		N	23. If death was due to external causes (VIOLENCE) fill in al	
15. MAIDEN NAME 16. BIRTHPLACE (city or tow	m)		0	Accident, suicide, or homicide? _ Occident Date o	
(State or country)	- 1	{	1	Where did injury occur?	
17. INFORMANT(Address)	3	3	y_*	Specify whether injury occurred in INDUSTRY, in HOME, o	r In PUBLIC PLACE.
18. BURIAL, CREMATION, OR RE	MOVAL	Date Dex	12,1934	Menasc of injury	
19. UNDERTAKER (Addiess)	CHA	cerri	3/4	24. Was disease or injury In eny way related to occupation o	t deceased?
20, FILED 10111	34 0	ricea	elly	If so, specify (Signed)	2 Jamy

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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xample I	7	Example II			
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset		
	1915	Attack of epilepsy	1 week ago		
Received	1921	Run over by street car	1 week ago		
Nov. 5,1934 Burean VS.	July 5,1927	Peritonitis	3 days ago		
of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year		
	Recired Nov. 5,1934 Burean VS.	th and related causes Date of onset ows: 1915 1921 Nov. 5,1924 Durean VS. of importance:	th and related causes Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:		

1. PLACE OF DEATH				(159)	I
Village or City didge				Registration Dist. No. 287	
				NoSt.,	War
Length of rasidence in city or to	wn where d	eath occurred	(I	death occurred in a hospital or institution, give its NAME instead of street and numb	er)
	_	L D.	./	1	
2. FULL NAME		Vize	<u>C</u>		
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS				St., Ward. If nonresident give city or town and State	
				MEDICAL CERTIFICATE OF DEATH	
Male She	RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH (Month) (Dey) 4 , 19:	(Year)
e. If merried, widowed, or divorced HUSBAND of	-			22. HEREBY CERTIFY, Thet I attended dece	seed fr
(or) WIFE of				Get 14, 1934 to Get 14	19.74
DATE OF BIRTH (month, dey, and y	eer) Oc	7-14/3	4	I last saw him aliva on Oct 14 , 1974 ; de	eth Is sa
. AGE Yeers	Aonths	Days	If LESS than 1 dey,hrs. or_/_C_min.	to have occurred on the date stated above, at	
8. Treda, profession, or particular	NNER			Da	ta of one
8. Treda, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc				Commuter bith (6 month	7)
10. Data deceasad last worked at this occupetion (month end year)		spar	me (years) It in this		
2. BIRTHPLACE (city or town) (State or country)	ida	4		Other Contributory Canses of importance:	
13. NAME Hatin	e R	ced			
13. NAME Jack (city or town).	nietu	icam	Ch	Name of oparation Date of	
(State of Country)	7	nd		Whet tast confirmed diagnosis? Wes there en eutop	sv?
15. MAIDEN NAME	ngi	at B	iscoc.	23. If deeth was due to externel causes (VIOLENCE) fill in elso the following:	
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Aid	4.		Accident, suicide, or homicide? Date of injury	19
(Steta or country)	n	5)	-	Where did injury occur? (Specify city or town, county and State)	
7. INFORMANT (Address)	In	Alex	-(Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place of Policy Community Date Or 7 15, 1929			7 15,199	Manner of injury	
9. UNDERTAKER Johnson	E R	ed		24. Wes diseasa or injury in eny way related to occupation of deceased?	
0. FILED Oct 14 , 1934	1	yrace	Registrar.	(Signed) PJ3ea (Address) Great Mills kie	М.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	-
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECOMMATION should be carefully supplied. AGE should be stated EXACTLY. PICAUSE OF DEATH in plain terms, so that it may be properly classified. Exact TION is very important. See instructions on back of certificate.	RECC	. PI	Exact	
-WRITE PLAINLY, WITH UNFADING INK—THIS IS A PE nation should be carefully supplied. AGE should be stated E CAUSE OF DEATH in plain terms, so that it may be properly FION is very important. See instructions on back of certificate	RMANENT	XACTLY	classified.	
-WRITE PLAINLY, WITH UNFADING INK-THIS nation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be FION is very important. See instructions on back of	IS A PE	stated E	properly	certificate
-WRITE PLAINLY, WITH UNFADING INK—T) nation should be carefully supplied. AGE should CAUSE OF DEATH in plain terms, so that it may FION is very important. See instructions on back	HIS	be	pe	Jo
	WRITE PLAINLY, WITH UNFADING INK-TH	nation should be carefully supplied. AGE should	CAUSE OF DEATH in plain terms, so that it may	IION is very important. See instructions on back

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10433
1. PLACE OF DEATH County St. Marks	130
	Registration Dist. No.
Village or City At Grayes Island	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residance in city or town where death occurredyismos	s. 20 ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Man Com to Robers to	
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Timele OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowad, or divorcad HUSBAND of	(month) (Day) (Tear)
(or) WIFE of	22. I HEREBY CERTIFY. That I attanded deceased from
A . + 00 1021	, 19.34 , to
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than	I last saw he alive on 1934; deeth is sald
9 1 day,hrs.	to have occurred on the date stated above, at 7m. The PRINCIPAL CAUSE OF DEATH and releted causes of importance
9 Trade profession or particular	ware as follows:
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	10 + 11 / · + · · +
S. Hade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceesed last worked at this recursion (worked at this recursion) and the statement of the second statement o	1 See Marine 10 10/39
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	coded by an infectious disserse no
O 10. Date decessed last worked at this occupation (month and year)	-Aldladla Just Rantica Contagnition
12. BIRTHPLACE (city or town)	Other Contributary Canses of importance:
(State or country)	Curt Is
13. NAME W Hemilton Robrecht	10.1.2/34
14. BIRTHPLACE (city or town) St. January 15 (State or country)	Name of operation Data of
(State or country)	What tast confirmed diagnosis?
15. MAIDEN NAME IN Course Schra	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) At groups of the control of the cont	Accidant, suicide, or homicida? Data of injury, 19
(State or country)	Whare did injury occur?
17. INFORMANT Namilton Robecht	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place V Francis Lauren Date J Let 2/1974	Nature of injury
19. UNDERTAKER WMC Matter Lug (Address)	24. Was disease or injury in eny way related to occupation of deceased? - 11/2
20. FILED Oct 19, 1934 Py Bean Sus.	(Signad) M. D
Lozal Registrar.	(Address) GREAT MILLS J. M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

County	SP, Ma	ry 2	,	Registration Dist. No.	80
Village or City	SP mig	oce /	7d	No.	War
Length of resider	ice in city or town where	death occurred	yrs align	f death occurred in a hospital or institution, give its NAME instead of street and number	d
2. FULL NAM (a) Residence	0.	med &	Stillbon	Smith ward.	
PERSONA	L AND STATIST	(Usual place		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	
- 2/ /1	COLOR OR RACE	S. SINGLE, MARI OR DIVORCEL	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH Of 193	*
a. If married, widowed,	or divorced	1 2	ngle	(Month) (Day)	ear)
HUSBAND of (or) WIFE of				22. IHEREBY CERTIFY, That I attended decease	ed fr
. DATE OF BIRTH (mo	nth, day, and year)	Oct 18-1	934	I last saw 19 Stead Oct 19 1934; deal	h Is sa
. AGE Years	Months	Days	If LESS than I day,hrs.	to have occurred on the date stated above, at	
			ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance wage as follows:	ofons
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.				Il Brengluse fille about	
9. Industry or bus	iness in which	- CNON		Sang one half months	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this securation (month and account in this				Jones not facestan fox	12-
10. Oate deceased I		11. Total ti	me (years) ,, it in this	The state of the state of sixolio	1
year)	2000	occu	pation	The Musicarage not intention	20
2. BIRTHPLACE (city o	r town) St.	ngogs		Wither Contributory Causes of importance:	
(State or country)	1 8110	7		
13. NAME #	arrey &	1 Sunt	4		
13. NAME 14. BIRTHPLACE (ci	ty or town)	P Man	ch co	Name of operation Date of	
(State or con	intry)	Mid!		What test confirmed diagnosis? Was there an autopsy	2/22
15. MAIDEN NAME	Unna G	Luc.	The second	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (ci	ty or town)	Marysc	0,	Accident, suicide, or homicide? Date of injury, I	9
(State or co		1 Ma	7	Where did injury occur?	
7. INFORMANT _ (Address)	ma 8	Finge	ee	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
8. BURIAL, CREMATION	, OR REMOVAL	m	V 10 5	Manner of injury	
Place Alexan	c of magne	Date OC	F. 19. 19.54	Nature of injury	
9. UNDERTAKER	arrey for	mifte	3	24. Was disease or injury in any way related to occupation of deceased?	9)
O. FILED Oct	8 . 24 t	and i V	Birel	(Signed) C. 4 1230mm	Mg

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B.—V TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10434
1. PLACE OF DEATH	(23)
County St morns	Registration Dist. No. 280
Village or City Results	No. St. Ward
(1	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME To her folding	Sneith',
(a) Residence: No.	DAG Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Och 14 193 4
5a. If married, widowed, or divorced	(Month) (Dey) (Year)
HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
lovdever	, 19, to
6. DATE OF BIRTH (month, day, and year) 2eb. 9, 1884	I lest saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, atm.
50 1884 749 9 1 day,nrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or narticular	ha Dr allyand This man Detections
kind of work done, as SPINNER Oyslen Sheere	Deep her James
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	medicun proma motogo
	but Know he died 10
O 10. Date decessed last worked et this occupation (month and year) 11. Totel time (years) spent in this occupation	Surenlois, of trueys
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country)	
13. NAME James Suesk	
14. BIRTHPLAGE ceity or town) Regge May	Name of a second
(State or country)	Neme of operation Date of
15. MAIDEN NAME Arried Second	What test confirmed diagnosis? Was there an autopsy? Was there and autopsy?
15. MAIDEN NAME Horrich Services 16. BIRTHPLACE (city or town) Scale certe	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
State or country)	Where did injury occur?
17. INFORMANT Blace he Lee	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Review	Spools who we trigger as the bost kit, in nowe, of in Poblic Place.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date Del 7/6, 1904	Nature of injury
19. UNDERTAKER E. L. A. Preisan	24. Was disease or injury in any way related to occupation of deceased?
(Addiess) Danie Mil	If so, specifyA
20, FILED DET. 15 19 34 ATTher	(Signed) 4. Of lary M. D.
ON HILED Registrar.	(Address) Wilge preta

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 wcek ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	

should state of OCCUPA-

1. PLACE OF DEATH	(\$£a)
County S/ Morry 6	Registration Dist. No. 280
Village or City St Dein yors	NoSt Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
	J. How long in 0.3. If of foleign antity
Z. TOLL NAME	, stowerd.
(a) Residence: No. (Usual place of abody)	// Standard. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Oct, >6, 1934
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
	, 19, 19, 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Days If LESS than	I lest sew h; death is said to have occurred on the date stated abova, atm.
19 4eva 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance
8. Trade, profession, or particular	ware as follows: Oate of onset
SAWYER, BOOKKEEPER, etc. Value & Copies	And the on her bach
kind of work done, as SPINNT Sawy English of work done, as SPINNT Sawy English of work done, as SPINNT Sawy English of work was done, as SILK MILL, SAW MILL, BANK, atc	aces to dest
SAW MILL, BANK, atc	
this occupation (month and spent in this year) occupation	agosta),
CXM	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (Stata or country)	
13. NAME Race Celex Rossesse	
13. NAMELY are Celex Norseere	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sorth Ford 16. BIRTHPLACE (city or town) St Duys (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town) St Deups	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT Melafiel Sucish	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place I from Cerry Data Cel 20, 1934	Nature of injury
19, UNDERTAKER & & P. Treasure	24. Was disease or injury In any way related to occupation of deceased?
(Address) Darwonel	If so, specify
20. FILED Defel) 19 By Joshey	(Signed) M. D.
Registrar.	(Address) Lungh Male

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	danjan	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUREAU V.E.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			<u> </u>

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.

See instructions on back of certificate.

TION is very important.

PHYSICIANS should state

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10497
1. PLACE OF DEATH	
County It Mary	Registration Dist. No. 25-7
Village or City Park Hall	No. St. Ward
(If Length of residence in city or town where death occurred	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
2. FULL NAME Inform T Jonnes us	C4
(a) Residence: No	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
M. C. Black OR DIVORCED (vertice the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That Lattended deceased from
(vi) Till E VI	1934 to le 7 9 1026
6. DATE OF BIRTH (month, day, and year) Cat 9/1934	I last saw him about the Come Of 91934; death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated ebove, at3m.
ttill borns I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Oate olonset
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Jasser un and (5 kurled 16/5/2
10. Oate deceased last worked at this occupation (month and year) occupation .	
12. BIRTHPLACE (city or town) Parks Hell	Other Contributary Causes of Importance:
(State or country) 13. NAME January 13. NAME	Fell lown stips 10/5/24
14. BIRTHPLACE (city or town) Park Harris (State or country)	Name of operation Oete of
15. MAIDEN NAME Mathie M. Ferrerick	Whet test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) Jan & Marie (State or country)	23. If deeth was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT (Address) Park K. Ch. Ind	Where did Injury occur?(Specify city or lown, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Lane Just Park Holde Oct 9, 1974	Manner of injury
19. UNDERTAKER Jany Son merelle (Address) Park & le but	24. Was disease or injury in eny way related to occupation of deceased?
20. FILEO Oct 9, 1934 Mega M. D. Cocce Registrar.	(Signed) M. D. (Address) Great Mills, M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	11	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	119
County III. Allaugh	Registration Dist. No. 2 F 7
Village Dr City Company or town where death occurred	No. St., Wal If death occurred in a hospital or institution, give its NAME instead of street and number) osp. ds. How long in U.S. If of foreign birth? yrs. mos
2. FULL NAME James Meddare VA	lears
(a) Residence: No. / Vally was	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 8. SEX 4. CQLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
m leal OR DIVORCED (write the word)	(Month) (Day) (Year)
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased for
3. DATE OF BIRTH (month, day, and year) Och 6/34	I last saw have alive on Och 327 , 19. 34; death is s
7. AGE Years Months Days If LESS than 1 day,hrs ormin.	to have occurred on the date stated above, at
9 Trade profession or particular	Deut Eures Calife
9 Industry or business in which	
SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) 2006 (State or country)	Other Contributory Causes of Importance:
13. NAME D. Heaves	
14. BIRTHPLACE (city or town).	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsyl
15. MAIDEN NAME Volde Vecurel(16. BIRTHPLACE (city or town). 2003. (State or country)	23. If death was due to externat causes (VIDLENCE) filt in also the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town)	Where did injury occur?
17. INFORMANT D. Heren	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL 18. 726 34	Manner of injury
Place Date 19	Nature of Injury
19. UNDERTAKER &D. Ofen	24. Was disease or injury in any way related to occupation of deceased?
(Address) Halon com.	If so, specify
20. FILED/0/26 , 1934 Reaceace	(Signed) Nagell a. Chulalla
Registrar.	(Address) Clothald Tozen,

S. No. 1

Bi

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

MARGIN RESERVED FOR BINDING

CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPA-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	İ	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis .	1 year

- in	

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	, ————		1010
County / The Blac	40	Registration Dist. No. 2	7
Village or Chy		No. St., death occurred in a hospital or institution, give its NAME instead of street an	
Length of residence in city or town where de	ath scenyredyrsmos	ds. How long in U.S. if of foreign birth?yrs	_mosas
2. FULL NAME JOYUS C	Moreas		
(a) Residence: No. 1. Porce	acapin	St., Ward.	
PERSONAL AND STATISTIC	(Usual place of abode) CAL PARTICULARS	If nonresident give city or town a MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	4
u leal	AR DIVORCED (write the word)	(Month) (Day)	193(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lequis (8)	Brooks	22. I HEREBY CERTIFY, That I attend	ed deceased fro
6. DATE OF BIRTH (month, day, and year)	ukeeson 880	I last saw h orl 2 2 ,19.3	₩; death is sa
7. AGE Years Months	Days If LESS than	to heve occurred on the date stated ebove, atm.	
54	1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence week as follows:	Date of ons
8. Trade, profession, or particular kind of work done, es SPINNER,		1 / p - 10 / 10	
SAWYER, BOOKKEEPER, etc.	accery	Newsgor woulds	
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc		of head x weak	
10. Date deceased last worked at this occupation (month and year)	11. Total time (yeers) spent in this occupation	J	
0.1		Other Contributory Canses of Importance:	
12. BIRTHPLACE (city or town) (State or country)		X/2-co -lier-	
13. NAME /Vere Chi	orchan		
14. BUTHPLACE (city or town)	1	Name of operation Date of	f .
(Stete or country)		What test confirmed diagnosis? Was there a	1/
15. MAIDEN NAME Medice 16. BIRTHPLACE (city or town) (State or country)	ozen	23. If deeth wes due to external ceuses (VIOLENCE) fill in also the follow	ving:
5 16. BIRTHPLACE (city or town)	-1	Accident, suicide, or homicide?	22,19 9
(State or country)		Where did injury occur? hear Zoueselle, Dt. Ula	engs u
17. INFORMANT WILL THE MONCE	0	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC	
(Address)	9	Roll legary from laters	rd 8 leans
18. BURIAL, CREMATION, OR REMOVAL	10/211 311	Manner of Injury Stat Will Guy	
Place / Wefulls	Date	Nature of Injury That week (& Ovel (
19. UNDERTAKER LETTER (LE	cacteril	24. Was disease or injury In any way related to occupation of deceased?	10
(Address) XOO	gon'	If so, specify	
20. FILED /0/3. 3 1954	Sameley	(Signed) Appl (U. Carrell	way
	Registrar.	(Address) Cloreacas	7

N. B.

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Filed Och S

PLACE OF DEATH	STATE OF MARYLAND
County St May 2	CERTIFICATE OF DEATH
	Registration Dist. No. 2
Village or City Ogaville (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME in
2 FULL NAME John Seonard	tion, give its NAME i stead of street ar number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SSINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Och - 5 ** (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
SEP\$ 24, 1934	Seft 27 1934. to 6 2 1 1936
(Month) (Day) (Year)	that I last saw ham alive on 5 4 , 193 4
7 AGE If LESS than I day hrs. yrs. mos. / A ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER 14 Many Eva Warland 15 BIRTHPLACE OF MOTHER 16 MOTHER 17 Many Eva Warland 18 BIRTHPLACE OF MOTHER 19 MANY Eva Warland 10 MANY Eva Warland 11 BIRTHPLACE OF MOTHER 12 MANY Eva Warland 13 BIRTHPLACE OF MOTHER 14 Many Eva Warland 15 BIRTHPLACE OF MOTHER 16 MANY Eva Warland 17 Many Eva Warland 18 BIRTHPLACE OF MOTHER 19 MANY Eva Warland 10 MANY Eva Warland 10 MANY Eva Warland 11 BIRTHPLACE OF MOTHER 12 MANY Eva Warland 13 BIRTHPLACE OF MOTHER 14 MANY Eva Warland 15 MANY Eva Warland 16 MANY Eva Warland 17 MANY Eva Warland 18 BIRTHPLACE OF MOTHER 18 BIRTHPLACE OF MOTHER 19 MANY Eva Warland 19 MANY Eva Warland 10 MANY Eva Warland 11 BIRTHPLACE OF MOTHER 12 MANY Eva Warland 13 BIRTHPLACE OF MOTHER 14 MANY Eva Warland 15 MANY Eva Warland 16 MANY Eva Warland 17 MANY Eva Warland 18 MANY	(Signed) *State the Disease Causing Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transents or Recent Residents) At place [Duration] Vis
(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs disease contracted, if not at place of death?
(Informant) Walles Teppush	usual residence
(Address) Oyaveila	St Fresh about out 5. 193.
15	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

Registrar

(Approved by U. S. Census and American Public Health Association.)

-business, that fact may be indicated thus; Farmer (rewhatever, write None. state occupation at beginning of illness. If retired from Spinner, (b) Collon mill; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as Al school or Al home. Care should be taken work, or At Home, and children, en at home, whe are engaged in the duties of the household only not paid Housekeepers who receive a worked on may form part of the second statement.

Never return "Laboxer," "Foreman," "Manager," "Deal-Civil ongineer, Stationary fireman, etc. But in many Physician, Compositor. Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specimeally the occupations of persons endefinite salary, may be entered as Housewife, House-Foreman, For many occupations a yrs.. For persons who have no occupation Farm laborer, without more precise specification as Day Collon mell; (a) Salesman. (b) Grocery; (b) Avicomobile factory. The material a the kind of work and also (b) the Laborersingle word or term on -Coal mine, etc. Womnot gainfully em-

EA: CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphiheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." approved by Committee on Nomenclature carbolic acid-probably suncide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Sonile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Meastes; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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